

NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
BOX 7068, RIVER ROAD
WEST TRENTON, NJ 08628-0068

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

First Name Middle Initial Last Name

Social Security Number M F Sex Job Title

(HOME INFORMATION)

() _____
Phone Number

Street/P.O. Box

City County Zip

(WORK INFORMATION)

() _____
Phone Number Employer/Agency you Represent

Street/P.O. Box

City County Zip

Do you have any disabilities which would require special consideration during your attendance at this course?
NO ___ Yes ___ Please describe and indicate any special considerations required on a separate sheet.

(COURSE INFORMATION)

CERT T-T-T

Enter Course Requested Date

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.

Does your community have an Approved Emergency Management Plan? Yes () No ()

Signature of Applicant Date

IF YOU HAVE ANY QUESTIONS CONTACT THE TRAINING UNIT @ 609-882-2000 X-6457.

REVISED 7/03